



**STATE OF ARIZONA**  
**OFFICE OF THE ATTORNEY GENERAL**  
**REQUEST FOR QUOTATION**

**REQUEST FOR QUOTATION NUMBER: AG05-0009**

**DESCRIPTION: Temporary Legal Support Services**

**QUOTATION DUE DATE AND TIME: November 1, 2004 at 3:00 p.m. Arizona Local Time .**

**OFFER SHOULD BE FAXED TO:** Office of the Attorney General, Purchasing Unit, (602) 542-8079. Offers may be mailed or delivered to the Office of the Attorney General, Attention: Purchasing Unit, 1275 West Washington Street, Phoenix, AZ 85007.

**Electronic Documents:** This document is available in MS Word format by sending an e-mail to [jerry.connolly@azag.gov](mailto:jerry.connolly@azag.gov). The original copy of this document held in the Procurement Office at the Office of the Attorney General shall prevail over any differing copies.

This Request for Quotation is issued in accordance with A.R.S. § Title 41, Chapter 23, A.A.C. R2-7-336. Quotations for the materials or services specified will be received by the Office of the Attorney General, at the above specified location, until the time and date cited.

In accordance with A.R.S. § 41-2535, this procurement is restricted to small businesses. A "small business" is one that, including its affiliates, is independently owned and operated, is not dominant in the type of business it conducts, and which employs fewer than 100 full time employees or which has gross receipts of less than \$4 million in its last fiscal year.

All quotations should be completed in ink or typewritten and returned via facsimile to (602) 542-8079. Additional instructions for preparing a quotation are provided in the Special Instructions to Offerors.

**OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE REQUEST FOR QUOTATION.**

Solicitation Contact Person:  
Jerry Connolly  
Contract Management Supervisor  
Phone: (602) 542-8030  
Fax: (602) 542-8079  
E-Mail: [jerry.connolly@azag.gov](mailto:jerry.connolly@azag.gov)  
Date: October 18, 2004

## **SCOPE OF WORK**

### **AG05-0009**

#### **1. Purpose**

The Arizona Office of the Attorney General (AGO) requires specialized temporary administrative legal support staff. Typically, the requirement is to fill a position while a permanent employee is on vacation, other leave or to provide interim support. At times experienced staff is needed as extra support for a large project.

#### **2. Office Overview**

- 2.1. The Attorney General serves as chief legal officer of the State, presiding over more than 900 employees including assistant attorneys general, executive and support staff. The Office represents and provides legal advice to most State agencies, except for those specifically exempted by statute, enforces consumer protection laws and some criminal laws, brings and defends lawsuits on behalf of the State and issues formal legal opinions as requested by State officers, legislators or county attorneys on issues of law.
- 2.2. The Office is comprised of six (6) divisions and twenty-seven (27) sections with the majority of staff located in Phoenix. Additionally, the Office has staff located in Tucson, Flagstaff and other satellite locations around the State.

#### **3. Scope of Work**

##### **3.1. Requirements**

The Contractor shall have the ability to provide sufficient qualified personnel to fill the needs of the Office of the Attorney General on an immediate or almost immediate basis. Personnel are required to submit to and pass a background check at the Office of the Attorney General before being accepted by the Office of the Attorney General. The background check will be done at no charge to the Contractor or prospective temporary employee.

##### **3.2. Types of Service**

###### **3.2.1. Legal Administrative Assistant**

- 3.2.1.1. Minimum two years experience

###### **3.2.2. Legal Secretary**

- 3.2.2.1. Minimum five years experience or equivalent.

###### **3.2.3. Paralegal**

- 3.2.3.1. Minimum five years experience or equivalent.

- 3.2.3.2. Degree

##### **3.3. Work Locations**

- 3.3.1. The Contractor will typically provide qualified personnel for the Phoenix and Tucson Metropolitan areas.
- 3.3.2. The Contractor may provide qualified personnel for other locations in Arizona.

## **SCOPE OF WORK**

### **AG05-0009**

#### **3.4. General Duties**

- 3.4.1. Provide administrative support in a legal environment.
- 3.4.2. Maintain professionalism and confidentiality.
- 3.4.3. The Contractor's employees shall follow all AGO work policies, standards and procedures.
- 3.4.4. The Contractor and the Contractor's employees shall conform in all respects to physical, fire and security regulations while on State of Arizona premises.
- 3.4.5. Proficient with MS Office as applicable to the duties of the assignment.,

#### **3.5. Legal Secretary Basic Duties**

- 3.5.1. Prepare legal correspondence, petitions, legal opinions, pleadings, motions and depositions.
- 3.5.2. Proficient in multiple software programs to perform intermediate to advanced word processing and/or spreadsheet functions. (MS Office 2002).

#### **3.6. Paralegal Basic Duties**

- 3.6.1. Perform legal work such as gathering documents, interviewing witnesses, organizing litigation files, drafting correspondence, memoranda, pleadings, motions, discovery responses and disclosure statements, conducting legal research, and assisting the attorney in trial preparation and at the trial.

#### **3.7. Supervision**

- 3.7.1. The Contractor's employees shall remain employees of the Contractor when performing services under this Contract and shall not be considered State employees nor be eligible for any State employee benefits.
- 3.7.2. The Contractor's employees will be supervised by AGO personnel. The AGO shall have direct control over the daily activities of the Contractor's employees. Any of the Contractor's employees failing to demonstrate the necessary qualifications to perform the function they were hired for or fail to adhere to AGO directions, security regulations or expected professional behavior will be replaced by the Contractor within 16 normal working hours (two working days) after being notified by the AGO. Replacement will be done at no additional charge to the AGO.
- 3.7.3. Work schedules will be established by the AGO.
- 3.7.4. The AGO will provide all equipment, materials, supplies, tools, facilities, space and supervision for any services provided under this Contract.

#### **3.8. Overtime**

- 3.8.1. For purposes of this Contract, overtime is defined as any time in excess of forty (40) hours per week.
- 3.8.2. Overtime must be approved by the AGO in advance to be reimbursed as overtime.
- 3.8.3. Approval should be in writing.
- 3.8.4. Weekend work shall not be considered overtime unless in excess of forty hours.
- 3.8.5. Overtime will be compensated at the pay rate established by this Contract and shall not exceed time and one-half of the normal pay rate.

**SCOPE OF WORK**  
**AG05-0009**

**4. Selection Process of Candidates**

- 4.1. The AGO may contact the Contractor via telephone, fax, e-mail or written letter requesting temporary personnel.
- 4.2. The AGO will strive to give the Contractor the maximum lead time possible.
- 4.3. The Contractor shall respond promptly to the AGO's request for personnel.
- 4.4. The Contractor is expected to make a sincere effort to meet the AGO's need regardless of the lead time given.
- 4.5. The AGO shall have the right to request and review resumes before accepting prospective personnel.
- 4.6. The AGO shall have the right to interview the prospective employee at no charge to the AGO before accepting.
- 4.7. The prospective employee will submit to a background check at the AGO.
- 4.8. The Contractor is expected to fill a majority of requests within two normal working days. The Contractor shall state at the time of order when the personnel is available to begin an assignment with the AGO.

**5. AGO Supplied Items**

- 5.1. The AGO will provide all equipment, materials, supplies, tools, work space and supervision needed to perform the service.
- 5.2. Type, make and quantity of supplied items will be at the AGO's discretion.

**SPECIAL TERMS AND CONDITIONS**  
**AG05-0009**

**1. Contract**

- 1.1 Authority to Contract: This Contract is issued in accordance with ARS §41-2535 for the Office of the Attorney General.
- 1.2 Contract Type: Firm Fixed Cost.
- 1.3 Term of Contract: The term of the Contract shall commence on the date of award and shall continue for up to one year, unless terminated, canceled or extended as otherwise provided herein.
- 1.4 Documents Incorporated by Reference: The State of Arizona's Uniform Instructions to Offerors (Rev 7.1) and Uniform Terms and Conditions (Rev 7) are a part of this document as if fully set forth herein. Copies of these documents are available at <http://www.azspo.az.gov/PoliciesDocuments/index.htm> or by calling Jerry Connolly, Office of the Attorney General at 602-542-8030.
- 1.5 Contract Amount: This Contract is established pursuant to A.R.S. §41-2535 and shall not exceed the dollar limits established by statute.
- 1.6 Changes: AGO reserves the right to add or delete materials and make other changes within the general scope of work as may be deemed necessary to best serve the interests of the State.
- 1.7 Non-Exclusive Contract: The State has the right to procure the services listed herein from Contractors other than those awarded Contracts pursuant to this Solicitation when necessary to meet the requirements of the State.
- 1.8 Removal of Contractor's Employees: The Contractor agrees to utilize only experienced, responsible and capable people in the performance of this Contract. AGO may require that the Contractor remove from an assignment employees who endanger persons or property or whose continued employment under this Contract is inconsistent with the interests of AGO.
- 1.9 Ownership of Materials: All materials, documents, deliverables and/or other products of the Contract (including but not limited to e.g., work plans, reports, etc.) shall be the sole, absolute and exclusive property of AGO, free from any claim or retention of right on the part of the Contractor, its agents, Subcontractors, officers or employees.

**2. Contractor Responsibilities**

- 2.1 Key Personnel: It is essential that the Contractor provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor must assign specific individuals to key positions. The Contractor agrees and understands that AGO's agreement to the Contract is predicated, in part and among other considerations, on the utilization of the specific individual(s) and/or personnel qualification(s) as identified and/or described in the Contractor's Offer. Therefore, the Contractor agrees that no substitution of such specified individual(s) and/or personnel qualifications shall be made without the prior written approval of AGO. The Contractor further agrees that any substitution made pursuant to this paragraph must be equal or better than originally proposed and that AGO's approval of a substitution shall not be construed as an acceptance of the substitution's performance potential. AGO agrees that an approval of a substitution will not be unreasonably withheld. The Contractor shall bear all transitional expenses incurred for any costs associated with removing or replacing Key Personnel who are performing work under the Contract.
  - 2.1.1 Contractor should provide the name of the individual assigned as the point of contact, title, resume, and a one page summary describing the education, experience and any other reasons this individual should be selected to be the lead for this project.
  - 2.1.2 Contractor should provide the name, title and a one page summary describing the education, experience and duties of any other personnel relevant to this contract.
- 2.2 Availability of Contractor: The Contractor shall be available immediately upon receipt of the Notice to Proceed and remain available to AGO throughout the period of performance as stated in the Contract.

**SPECIAL TERMS AND CONDITIONS**  
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**3. Confidentiality**

3.1 Treatment of Confidential Business Information: AGO may turn over to the Contractor Confidential Business Information (CBI) necessary to carry out the work required under the Contract or the Contractor may be exposed to Confidential Business Information while working with the AGO. The Contractor and the Contractor's employees agree to use CBI only under the following conditions:

3.1.1 Use CBI only for the purposes of carrying out the work required by the Contract;

3.1.2 Not disclose the information to anyone other than properly cleared employees; and

3.1.3 Return CBI and all copies in all forms to AGO whenever the information is no longer required by the Contractor for performance of the work required by the Contract, or upon completion/termination of the Contract.

**4. Offshore Performance of Work Prohibited**

Due to security and identity protection concerns, all services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.

**5. Pricing**

5.1 Pricing: Pricing for the work described shall be submitted on a lump sum, firm fixed cost all-inclusive basis. The firm fixed cost shall contain the labor rate, labor benefits, payroll burden, insurance, workman's compensation, fee, all taxes, profit, overhead, general and administrative expenses, fees, travel expenses and all other related charges.

5.2 Price Reduction: A price reduction adjustment may be offered at any time during the term of the Contract and shall become effective upon notice.

**6. Invoicing**

6.1 Invoices and Payment: The Contractor shall submit monthly invoices during the performance of this Contract to the AGO. However, payment shall only be for the amount of work completed and accepted for the preceding month unless otherwise stipulated in the Contract. Invoices shall be received at AGO no later than the current month for the previous month's performance. In no instance shall the amount(s) being invoiced differ from the price established in the Contract and any subsequent approved written Amendments.

6.2 Invoice Format: Invoices shall include the Contract Number and be submitted per the pricing schedule. AGO will process the approved claim for payment in accordance with the standard operating procedures of the State of Arizona.

**7. Insurance Requirements**

A Certificate of Insurance demonstrating the following requirements have been met shall be provided within ten (10) days of notice of contract award. Contractor and subcontractors shall procure and maintain, until all of their obligations, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

7.1 Minimum Scope and Limits of Insurance: The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance. Contractor shall provide coverage with limits of liability not less than those stated below.

**SPECIAL TERMS AND CONDITIONS**  
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7.1.1 Commercial General Liability – Occurrence Form

7.1.1.1 Policy shall include bodily injury, property damage, personal injury and broad form contractual liability.

7.1.1.2 General Aggregate \$2,000,000

7.1.1.3 Products – Completed Operations Aggregate \$1,000,000

7.1.1.4 Personal and Advertising Injury \$1,000,000

7.1.1.5 Blanket Contractual Liability – Written and Oral \$1,000,000

7.1.1.6 Fire Legal Liability \$ 50,000

7.1.1.7 Each Occurrence \$1,000,000

7.1.1.8 Policy shall be endorsed to include master key coverage.

7.1.1.9 The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor".

7.1.1.10 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

7.1.1.11 Policy shall be endorsed to include coverage for Broad Form Property Damage.

7.1.2 Automobile Liability

7.1.2.1 Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

7.1.2.2 Combined Single Limit (CSL) \$1,000,000

7.1.2.3 The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor".

7.1.3 Worker's Compensation and Employers' Liability

7.1.3.1 Workers' Compensation Statutory

7.1.3.2 Employers' Liability

7.1.3.3 Each Accident \$500,000

7.1.3.4 Disease – Each Employee \$500,000

7.1.3.5 Disease – Policy Limit \$1,000,000

7.1.4. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

7.1.5. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, and when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

7.2. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:

7.2.4. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.

7.2.5. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.

7.2.6. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

**SPECIAL TERMS AND CONDITIONS**  
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- 7.3. NOTICE OF CANCELLATION: Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to (State of Arizona Department Representative's Name and Address) and shall be sent by certified mail, return receipt requested.
- 7.4. ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.
- 7.5. VERIFICATION OF COVERAGE: Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
- 7.6. All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.
- 7.7. All certificates required by this Contract shall be sent directly to (State of Arizona Department Representative's Name and Address). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
- 7.8. SUBCONTRACTORS: Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- 7.9. APPROVAL: Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.
- 7.10. EXCEPTIONS: In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.



**SPECIAL INSTRUCTIONS TO OFFERORS**  
**AG05-0009**

**1. Solicitation Inquiries**

Issuing Office: The AGO Solicitation Contact Person, listed on the front page of this document, shall be the sole point of contact for purposes of the preparation and submittal of the Solicitation.

**2. Additional Solicitation Submission Guidelines**

2.1. Late Offers: All submittals must be received by the Quotation Due Date and Time specified herein. Any response received after the Quotation Due Date and Time specified will not be considered.

2.2. Mailing of Offers: Offerors mailing Offers should allow sufficient mail delivery time to ensure timely receipt by the Issuing Office. Offers or unsolicited Solicitation Amendments to Offers arriving after the due date and time will not be considered.

2.3. Familiarization of Scope of Work: Offerors should carefully review the requirements of the Solicitation and familiarize itself with the Scope of Work, laws, regulations and other factors so to satisfy itself as to the expense and difficulties of the work to be performed. There will be no subsequent financial adjustment, other than that provided by the Contract, for lack of such familiarization.

**3. Components of a Complete Offer**

4.1 Offer Submittal: Offers should be submitted in accordance with the directions given on Page 1 of this solicitation. Offers must be received by the Quotation Due Date and Time.

4.2 Offer Format: The following information should be submitted with each Offer and in this order. Failure to include all of the requested information may result in the Offer being rejected.

4.2.1 Offer and Contract Award Form: Offeror should complete the top half of the Offer and Contract Award form (Attachment 1). The Offer and Contract Award form from within the Solicitation should be submitted with the Offer and should include the signature of a person authorized to bind the Offeror.

4.2.2 W9 Form (Attachment 3): The W9 form from within the Solicitation should be completed in its entirety and submitted with the Offer.

4.2.3 Consultant's Experience, Expertise and Reliability: The Offeror shall provide information demonstrating the experience, expertise and reliability to meet the requirements set forth in this Request for Quotation. Offeror should include information describing years in business, size of organization, special awards or recognition received, the experience and expertise of the person designated as the AGO contact and a minimum of three references and the contact information for these references. Table B of Attachment 2 should be completed and a brief one page summary describing your firm's unique abilities should be provided.

4.2.4 Narrative: The Offeror should provide a narrative describing the process the Offeror would use to fulfill the requirements of this RFQ. The Offeror should describe normal turn around time needed to provide resumes and qualified personnel to fill positions. The Offeror should provide details of how the Offeror resolves problems common to this industry. The Offeror should provide details of any requirements the Offeror would expect to be fulfilled in case the AGO would desire to offer the temporary personnel employment directly for the Office of the Attorney General.

4.2.5 Cost (Attachment 2): Provide a completed Hourly Rate Table for all categories listed.

**4. Offer Opening**

This is an informal Solicitation, which will not be read at a public opening; however, information submitted by the Offeror will be available for public review after an award.

**SPECIAL INSTRUCTIONS TO OFFERORS**  
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**5. Evaluation**

Evaluation Criteria: Awards shall be made to the responsible Offeror whose Offer is determined in writing to be the most advantageous to the State based upon the evaluation criteria listed below. The evaluation criteria are listed in relative order of importance.

- 5.1.1. Experience, Expertise and Reliability;
- 5.1.2. Narrative;
- 5.1.3. Overall Cost;
- 5.1.4. Conformance to the RFQ.

**7. Discussions**

After the initial receipt and evaluation of Offers, AGO may conduct discussions with Offerors whose Offers are deemed to be reasonably susceptible to award. Notwithstanding this section, Offers should be submitted initially complete and on most favorable terms. In the event discussions are conducted, AGO shall issue a written request for Best and Final Offers.


**8. Best and Final Offer**

The request for Best and Final Offer shall inform Offerors, that if they do not submit a Best and Final Offer or a notice of withdrawal, their immediate previous Offer will be considered as their Best and Final Offer. The Offeror's "immediate previous Offer" will consist of the Offeror's original proposal submission and any documents submitted by the Offeror during discussions.

**9. Offshore Performance of Work Prohibited**

Due to security and identity protection concerns, all services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

**ATTACHMENT 1**  
**AG05-0009**

	<b>OFFER AND CONTRACT AWARD</b>	Office of the Attorney General Purchasing Unit 1275 West Washington Street Phoenix, Arizona 85007 (602) 542-8030														
	<b>SOLICITATION NO. AG05-0009</b>															
<b>OFFER</b>																
<b>TO THE STATE OF ARIZONA:</b> The undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer. Signature also certifies understanding and compliance with paragraph one of the State of Arizona Uniform Terms and Conditions.																
<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><b>General Information:</b></td><td style="width: 50%; vertical-align: top;">For clarification of this Offer Contact:</td></tr><tr><td style="border-bottom: 1px solid black;">Arizona Transaction Privilege (Sales) Tax License Number</td><td style="border-bottom: 1px solid black;">Name</td></tr><tr><td style="border-bottom: 1px solid black;">Federal Employer Identification Number</td><td style="border-bottom: 1px solid black;">Telephone Number      Fax Number</td></tr><tr><td style="border-bottom: 1px solid black;">Company Name</td><td style="border-bottom: 1px solid black;">E-Mail Address</td></tr><tr><td style="border-bottom: 1px solid black;">Company Address</td><td style="border-bottom: 1px solid black;">Signature of Authorized Person      Date</td></tr><tr><td style="border-bottom: 1px solid black;">City      State      Zip Code</td><td style="border-bottom: 1px solid black;">Printed Name</td></tr><tr><td style="border-bottom: 1px solid black;">General Office Telephone Number</td><td style="border-bottom: 1px solid black;">Title</td></tr></table>			<b>General Information:</b>	For clarification of this Offer Contact:	Arizona Transaction Privilege (Sales) Tax License Number	Name	Federal Employer Identification Number	Telephone Number      Fax Number	Company Name	E-Mail Address	Company Address	Signature of Authorized Person      Date	City      State      Zip Code	Printed Name	General Office Telephone Number	Title
<b>General Information:</b>	For clarification of this Offer Contact:															
Arizona Transaction Privilege (Sales) Tax License Number	Name															
Federal Employer Identification Number	Telephone Number      Fax Number															
Company Name	E-Mail Address															
Company Address	Signature of Authorized Person      Date															
City      State      Zip Code	Printed Name															
General Office Telephone Number	Title															
Small business certification: Vendor is ___/is not ___ a small business (less than 100 employees or has gross revenues of \$4 million or less) Minority/Woman Owned Enterprise Certification (MBE/WBE): Vendor is ___/ is not ___ a Minority Owned Business Enterprise. Vendor is ___/ is not ___ a Woman Owned Business Enterprise.																
<b>ACCEPTANCE OF OFFER AND CONTRACT AWARD</b> (For Arizona State Use Only)																
<p>Your offer is hereby accepted:</p> <p>The Contractor is now bound to sell the materials, services or construction listed by the attached award notice based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's offer as accepted by the Office of the Attorney General.</p> <p>This Contract shall henceforth be referred to as Contract No. _____.</p> <p>The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this Contract until the Contractor receives an executed purchase order or Contract release document.</p> <p style="text-align: center; margin-top: 20px;"><b>STATE OF ARIZONA</b></p> <p style="text-align: center;">OFFICE OF THE ATTORNEY GENERAL</p> <p style="text-align: center;">Awarded this _____ day of _____, 2004</p> <p style="text-align: center; margin-top: 20px;">_____</p>																

**ATTACHMENT 2**  
**AG05-0009**

**A. HOURLY RATE TABLE**

Hourly rates shall contain the labor rate, labor benefits, payroll burden, insurance, workman's compensation, fee, all taxes, profit, overhead, general and administrative expenses, fees, travel expenses and all other related charges.

Position Classification	Hourly Rate
Legal Administrative Assistant	
Legal Secretary	
Paralegal	

**B. General Organization Information**

FIRM NAME AND PHYSICAL STREET ADDRESS:	MAILING ADDRESS:	YEAR FIRM WAS ESTABLISHED:
		BRANCH OR MAIN OFFICE:
DESIGNATED CONTACT PERSON :	TELEPHONE:	FAX:
		E-MAIL:

**PROVIDE THE TOTAL NUMBER OF EACH PERSONNEL IN YOUR FIRM BY THE CATEGORIES LISTED BELOW:**

	ADMINISTRATIVE		SALES		CLERICAL		TOTAL PERSONNEL
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**AVERAGE NUMBER OF TEMPORARY PERSONNEL PLACED PER MONTH:**

**PERCENTAGE OF PERSONNEL WHO ARE LEGAL PERSONNEL PLACED PER MONTH:**

**AVERAGE NUMBER OF CLIENT COMPANIES TEMPORARY PERSONNEL ARE PLACED IN PER MONTH:**

**PERCENTAGE OF CLIENT COMPANIES WHO ARE LAW FIRMS OR HAVE SIMILAR NEEDS:**

<b>REFERENCE #1</b> Company: Contact: Street Address City, State, Zip Telephone # Fax # E-Mail:	<b>REFERENCE #2</b> Company: Contact: Street Address City, State, Zip Telephone # Fax # E-Mail:
<b>REFERENCE #3</b> Company: Contact: Street Address City, State, Zip Telephone # Fax # E-Mail:	<b>REFERENCE #4</b> Company: Contact: Street Address City, State, Zip Telephone # Fax # E-Mail:

**ATTACHMENT 3**  
**AG05-0009**

DO NOT SEND TO IRS	<b>STATE OF ARIZONA SUBSTITUTE W-9 FORM</b> <b>REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION</b>	DO NOT SEND TO IRS
*****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION*****		
<b>Part I</b> Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2.		
Social Security Number (SSN) <span style="float: right;">Employer Identification Number (EIN)</span> <div style="display: flex; justify-content: space-between;"> <div>           2 <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> </div> <div>OR</div> <div>           1 <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> </div> </div>		
Name (if using SSN) or Business Name (if using EIN) - as reported with Social Security Administration or IRS		
Remittance Address (If different from main address) Name _____ Address _____ City, State, and ZIP code _____		
DBA, Business, Subsidiary, Trade name, Other _____ (circle one) Main Address (where tax information and general correspondence is to be mailed) City, State, and ZIP code _____		
Contact Name _____ Telephone number _____ Fax number _____ ( ) ( )		<b>Part II</b> For Payees Exempt From Backup Withholding (See instructions on page 2.)
<b>Check the appropriate box:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (1)(E) State Employee   <input type="checkbox"/> (2)(G) Federal Agency   <input checked="" type="checkbox"/> (3)(G) Arizona State Agency   <input checked="" type="checkbox"/> (4)(G) Other Government Agency         </div> <div style="width: 45%;"> <input type="checkbox"/> (5) Business (check one of the following)              ___ (A) Arizona Corp.-including Non-Profit              ___ (C) PC, PLLC, or LLC              ___ (F) Financial Institution              ___ (H) Benefits Provider              ___ (M) Medical Corp.              ___ (O) Other State Corp.-including Non-Profit              ___ (P) Partnership              ___ (R) Sole Owner-Using 1099              ___ (T) Partnership, LLP, or LTD              ___ (U) Subchapter S Corp.  <input type="checkbox"/> (6) Individual (check one of the following)              ___ (I) U.S. Citizen/Permanent Resident              ___ (S) Sole Owner of a Business (using SSN)  <input type="checkbox"/> (7) Other (Non-corporate including, but not limited to, conferences, trust funds, receiverships)              PLEASE BRIEFLY DESCRIBE _____  <input type="checkbox"/> (8)(B) Board Member         </div> </div>		
<b>Minority Business Tax Incentive:</b> Check one of the following that best describes your business: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> 01 - Small Business  <input type="checkbox"/> 02 - Minority-Owned Business  <input type="checkbox"/> 03 - Woman-Owned Business  <input type="checkbox"/> 04 - Small Business/Minority Woman Owner  <input type="checkbox"/> 05 - Small Business/Disabled Minority Owner         </div> <div style="width: 30%;"> <input type="checkbox"/> 06 - Small Business/Woman Owner  <input type="checkbox"/> 07 - Small Business/Disabled Woman  <input type="checkbox"/> 08 - Minority Woman-Owned Business  <input type="checkbox"/> 09 - Disabled Minority-Owned Business  <input type="checkbox"/> 10 - Disabled Woman-Owned Business         </div> <div style="width: 30%;"> <input type="checkbox"/> 11 - Small Business/Minority Woman Owner  <input type="checkbox"/> 12 - Small Business/Disabled Minority Woman Owner  <input type="checkbox"/> 13 - Small Business/Disabled Minority Woman Owner  <input type="checkbox"/> 14 - None of these apply         </div> </div>		
<b>Part III - Certifications:</b> Under penalties of perjury, I certify that: 1. The number shown on this document is my correct and complete Social Security Number (SSN) or Employer Identification Number (EIN). 2. I am not subject to backup withholding because: a) I am an individual who has not been notified by the IRS that I am subject to backup withholding; or b) I am not an individual who has been notified by the IRS that I am subject to backup withholding. 3. I am a U.S. person (including U.S. estate or trust). 4. I am not a corporation, partnership, or other entity that is subject to backup withholding. 5. I am not a corporation, partnership, or other entity that is subject to backup withholding. 6. I am not a corporation, partnership, or other entity that is subject to backup withholding. 7. I am not a corporation, partnership, or other entity that is subject to backup withholding. 8. I am not a corporation, partnership, or other entity that is subject to backup withholding. 9. 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I am not a corporation, partnership, or other entity that is subject to backup withholding. 100. I am not a corporation, partnership, or other entity that is subject to backup withholding. 		
Sign Here _____ Date _____		
RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH		
<b>FOR STATE AGENCY USE ONLY</b> <span style="float: right;"><b>DO NOT WRITE BELOW THIS LINE</b></span>		
VENDOR # _____ NC(S) _____ NC(S) _____ NEW VENDOR _____ TIN CHANGE _____ NAME CHANGE _____ AGY _____ AGENCY CONTACT _____ AGENCY CONTACT PHONE # _____ EXT. _____ APPROVED BY (PRINT) _____ SIGNATURE _____ Date _____		